WELL COMPLETION/ RE-COMPLETION REPORT

Form No. R3 (Formerly Form No. R4-8-1991) Revised on 8/16/1999

INDIANA DEPARTMENT OF NATURAL RESOURCES

INDIANA DEPART MENT OF NAT Division of Oil and Gas 402 W. Washington St., Rm. 293 Indianapolis, IN 46204 Phone (317) 232-4055 FAX (317) 232-1550

Purpose of report							
☐ Completion	Re-completion	☐ Conversion					
Check here if you want the completion information to remain confidential for 1 year.							

FOR STATE	USE ONLY
Date filed	Date released

	Internet	: http://	/www.state	in.us/dnro	Il		<u> </u>						
PART I GENERAL INFORMATION													
Name of operator							Telephone number			Permit number			
() -													
Address of operator (Check here if this is a new address)													
City								State	9			Zip code	
PART II					LC	CAT	TION INFOI	RMA [°]	TION				
Name of leas	ie.							Well number Elevation (G.L.)					
													. ()
Section	Towr	nship	Range	1/4	1/4	1/4	Foota	otage's: ft. from N, S, NW, SE line ft. from E, W, NE, SW line					
County							ble of produ for Oil, Gas a				rmation	ft.	
PART III					W	ELL	CONSTRU	ICTIC	ON				
NOTE: T	his in	forma	ition is n	ot require	ed for G	eolo	gic/ struct	ure t	test wells	or Indiv	/idual/	county tes	t holes
		Specif	ications			Ce	ement (In S	acks	s or Cubic	Feet)		Hole	
Casing size O	.D.	Wt./f		Setting	Stage		Stage 1	Stage 2 or		Stage 2		Depth	Diameter
(Inches)		(lbs.) - Grade	depth	Volum		Class-		otal	total Class-			(Inches)
							yield per sacl		olume if 1 stage	yield pe	rsack		
Surface			lbs	ft.	ft.		-	Stage		-		ft.	
Intermed.			lbs	ft.			-			-		ft.	
Long str.			lbs	ft.			=	-		ft.			
Tubing			lbs	ft.									
Packer setting depth ft.				recovered ftftftft. recovered ft. toft. ft. recovered ft. toft. ft. perm ft. toft. perm ft. toft. ft. ft				recover wells the information specification permit. different no. A7 to	E: For Class II Enhanced ery and Saltwater disposal the well construction mation must match the fications of the written it. If the information is ent you must submit form 7 to request a modification existing permit conditions.				
PART IV COMPLETION INFORMATION													
Completion type (Check one only)													
□ Dry hole □ Gas storage/ obset □ Oil well □ Geologic/ structur □ Gas well □ Non potable wate □ Non commercial gas well □ Saltwater disposa					icture test w vater supply	vell / well		Dual co Dual co	mpletic mpletic	overy Class on Oil/ Clas on Gas/ Cla	s II well		
			То	ols			-		Total De	•			
Complete								Drillers			ft		
Re-compl					Rotary fr		ft. to		ft .	Logg	ers	ft.	
	Converted Cable from ft. to ft. IMPORTANT: THIS FORM MUST BE SUBMITTED WITHIN 30 DAYS AFTER THE WELL COMPLETION OR RE-COMPLETION												
IMPORTAN'	T: THIS	S FORI	M MUST E	BE SUBMIT	TED WI	THIN	30 DAYS AF	-TER	THE WELI	L COMPI	ETION	OR RE-COI	MPLETION

Continued on next page

DADT IV Constid							INFORMATION						
						INFORM	INFORMATION Well Treatments						
. , , , , , , , , , , , , , , , , , , ,						Frac. w	ith			lbs. sand			
(Submit 3 copies of each)				FIOIII	ft	Frac. w	iui (gallons	Frac. with	ibs. sand			
				From	ft. to	Frac. w	ith (gallons	Frac. with	lbs. sand			
				1 10	ft	1 140. 11		ganono	i idoi witii	150. 04.14			
				From	ft. to		Acid	dized wit	h gallor	าร			
					ft				J				
From ft. to						Acidized with gallons							
					ft								
				From	ft. to			Shot wit	h quart	S			
					ft								
Producing					oduction (Fire								
	Other			Oil	barrels	Gas	MCF						
PART V	latas - 1		-		IL AND GAS			! . !	at Dana di di	_			
	Intervals		F	ormation	Names/Types				st Description				
F	£	£,					(DST'S,	Pump to	ests, Fill ups,	етс)			
From	ft. to	ft ft	Oth										
From	ft. to	ft	Oth										
From PART VI	ft. to	IL	Oth		ORMATION IN	FORMATI	ON						
	tervals		D.	ck Descri			ntervals		Book Do	escription			
From	ft. to	ft	KU	ck Descri	ption	From	ft. to	ft	ROCK DE	scription			
From	ft. to	ft				From	ft. to	ft					
From	ft. to	ft				From	ft. to	ft					
From	ft. to	ft				From	ft. to	ft					
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1 1000	ft. to	ft ft				From	ft. to	ft					
From	tt to	tt l				From	ft. to	ft					
From	ft. to				1			•					
	ft. to	ft ft				From From	ft. to ft. to	ft ft					

PART VII AFFIRM	AFFIRMATION							
I affirm under penalty of perjury that the information provided in	this report is true to the best of my knowledge and belief.							
Signature of operator or authorized agent	Date signed							

Special Requirements

- 1. Only those persons whose names appear in PARTS V or VI of the Organizational Report are authorized to sign this report.
- 2. If this is a directional or horizontal well you must submit a copy of the directional survey with this report.

3. You must submit 3 copies of ALL geophysical logs run on this well.